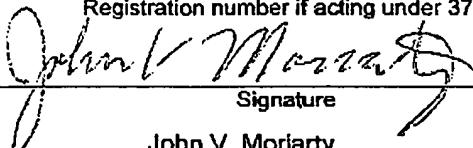


WEMMH PTO/SB/22 (7/05)

Approved for use through 7/31/2006. OMB 0651-0031

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Docket Number (Optional) 5015-491	RECEIVED CENTRAL FAX CENTER																																	
Application Number 10/688,174	For Retractable Coupling Apparatus	Filed 10/16/2003	DEC 18 2006																																	
Art Unit 3636		Examiner A. D. Barfield																																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month [37 CFR 1.17(a)(1)]</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months [37 CFR 1.17(a)(2)]</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]</td> <td>\$2160</td> <td>\$1080</td> </tr> <tr> <td> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u>. I have enclosed a duplicate copy of this sheet.</td> <td></td> <td></td> </tr> </tbody> </table> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> Applicant/inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>26,207</u></p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a):</p> <p> Signature</p> <p>John V. Moriarty Typed or Printed Name</p> <p><u>180 CTZ-006</u> Date</p> <p>(317) 828-6882 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> *Total of _____ forms are submitted.</p>					Fee	Small Entity Fee	<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	<input checked="" type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			<input type="checkbox"/> A check in the amount of the fee is enclosed.			<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet.		
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